PATENT APPLICATION FEE DETERMINATION RECOI Effective October 1, 2001								ŀ	10/070825				
		CLAIMS A	S FILED - (Column			umn 2)	SMALI			OR	OTHER THAN SMALL ENTITY		
TOTAL CLAIMS			80				[	RATE	FEE	7	RATE	FEE	
FOR			NUMBER FILED		NUM	BER EXTRA		BASIC FE	E .	OR	BASIC FEE	1.00	
TOTAL CHARGEABLE CLAIMS			137mi	/37minus 20= *		17	Ì	X\$ 9=		OR	X\$18=	21010	
IŃI	DEPENDENT CI	LAIMS	× m	7 minus 3 = 1		5	ł	X42=	<del>                                     </del>	OR	V04	400	
ML	JLTIPLE DEPEN	NDENT CLAIM PI	RESENT	RESENT			f		<del> </del>		<del></del>	201)	
* If the difference in column 1 is less than zero, enter "0" in column 2						column 2	L	+140= TOTAL	<del> </del>	OR	+280=	200	
CLAIMS AS AMENDED - PART II								IOIAL		OR	OTHER	THAN	
	*	(Column 1)	)III	(Colun	mn 2)	(Column 3)	_	SMALL	ENTITY	OR	SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID F	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NON	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
AME	Independent	*	Minus	***	AINA	=		X42=		OR	X84=		
<u> </u>	FIRST PRESE	ENTATION OF MU	ILTIPLE DEF	PENDEN	CLAIM			+140=		OR	+280=		
								TOTAL DDIT. FEE			TOTAL ADDIT, FEE		
		(Column 1)		(Colum		(Column 3)	^-	DUH. FEE		1 ,	ADDII. FEE		
ENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
Š	Total		Minus	**	<del></del>	=		X\$ 9=		OR	X\$18=		
<b>₹</b>	Independent	<u> I</u>	Minus	***	- C1 A154	=		X42=		OR	X84=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR	+280=		
							ΑE	TOTAL DDIT. FEE		OR ,	TOTAL ADDIT, FEE		
<del></del> 7		(Column 1) CLAIMS		(Colum		(Column 3)	_						
AMENDMENT C		REMAINING AFTER AMENDMENT		NUMB PREVIOU PAID F	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NON	Total		Minus	**		=		X\$ 9=		OR	X\$18=		
AME		<u></u>	Minus	***		=		X42=		OR	X84=		
۷	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140=		ľ	+280=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR L	TOTAL		
***	**If the "High st Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  **The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												

Application or Docket Number